

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
AMENDMENT

MAR 21 2013

Please type or print in ink.

NAME OF FILER (LAST) Yee (FIRST) Leland (MIDDLE) Y

1. Office, Agency, or Court

Agency Name

California State Senate

Division, Board, Department, District, if applicable

Your Position

Senator

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/13/13

(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2013 MAR -1 AM 9:45

Date Received
FPPC

28

Please type or print in ink.

NAME OF FILER (LAST) Lee (FIRST) CELAND (MIDDLE)

1. Office, Agency, or Court

Agency Name California State Senate / Senate
Division, Board, Department, District, if applicable _____ Your Position _____

► If filing for multiple positions, list below or on an attachment.

Agency _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is _____, through December 31, 2012.
☐ Assuming Office: Date assumed _____
☐ Leaving Office: Date Left _____
(Check one)
☐ The period covered is January 1, 2012, through the date of leaving office.
☐ The period covered is _____, through the date of leaving office.
☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." ☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☐ None - No reportable interests on any schedule
► Total number of pages including this cover page: _____

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE
State Capitol SAC CA 95814
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (OPTIONAL)
(916) 651-4008

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 2/28/13 Signature _____
(month, day, year)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name Walter J. Kim

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1549 Shattuck Ave

CITY Berkeley CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED 12 / 12 / 12 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Vrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None Theo Thanopoulos

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED 12 / 12 / 12 DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Vrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF SOURCE (Not an Acronym)

Democratic Caucus

ADDRESS (Business Address Acceptable)

1100 O St. #200 SAC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1/10/12 \$23.76 Uncl

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

Citrus Mutual

ADDRESS (Business Address Acceptable)

512 North CANAL Ave Ext 20

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1/30/12 \$8- Orange

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st St #200 SAC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

2/7/12 \$27.95 Cookie

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

CA Rice Commission

ADDRESS (Business Address Acceptable)

8801 Folsom Blvd #172 SAC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

3/6/12 \$32.28 Rice

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

Coca Cola

Atlanta

ADDRESS (Business Address Acceptable)

2500 Woody Ridge Parkway Atlanta

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

3/8/12 \$1.89 Coke + straw

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE (Not an Acronym)

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 - 21st St #200 SAC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

2/7/12 \$119.91 Food

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

▶ NAME OF SOURCE (Not an Acronym)
Dumonts Fruit
 ADDRESS (Business Address Acceptable)
1555 Balmain Rd Hugheson
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy)	VALUE	DESCRIPTION OF GIFT(S)
3/3/12	\$10	fruit
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
CA Citrus Mutual
 ADDRESS (Business Address Acceptable)
512 N. Kaweah Ave Exeter
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy)	VALUE	DESCRIPTION OF GIFT(S)
3/20/12	\$8.65	oranges
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Jelly Belly
 ADDRESS (Business Address Acceptable)
1 Jelly Belly Lane Fairfield
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy)	VALUE	DESCRIPTION OF GIFT(S)
4/25/12	\$50-	Candy
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
CA Automatic Vendors
 ADDRESS (Business Address Acceptable)
80 S. LAce Ave #538 Pasadena
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy)	VALUE	DESCRIPTION OF GIFT(S)
5/9/12	\$20	Snack
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Cotton Ginns & Grower
 ADDRESS (Business Address Acceptable)
1785 N. Pine Ave Fresno
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy)	VALUE	DESCRIPTION OF GIFT(S)
5/15/12	\$81.15	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
CA Beer + Beverage Distributors
 ADDRESS (Business Address Acceptable)
1415 W 5th St #890 SAC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy)	VALUE	DESCRIPTION OF GIFT(S)
5/16/12	\$16.44	Lunch
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► NAME OF SOURCE (Not an Acronym)
Llaneta Alliance
 ADDRESS (Business Address Acceptable)
P.O. Box 1234 Yuba CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/18/12	\$43.54	Hate Book

1/1/12	\$	
1/1/12	\$	

► NAME OF SOURCE (Not an Acronym)
Personal Care Council
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/24/12	\$109.30	Nail polish

1/1/12	\$	
1/1/12	\$	

► NAME OF SOURCE (Not an Acronym)
Grape & Tree Fruit League
 ADDRESS (Business Address Acceptable)
978 W. Alameda #107 Fresno
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/23/12	\$15	Fruits

1/1/12	\$	
1/1/12	\$	

► NAME OF SOURCE (Not an Acronym)
Century National Catering
 ADDRESS (Business Address Acceptable)
1404 Melody Rd Olivehurst
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/7/12	\$150	wine

1/1/12	\$	
1/1/12	\$	

► NAME OF SOURCE (Not an Acronym)
Stembridge Committee 2010
 ADDRESS (Business Address Acceptable)
1100 0 St #200 SATC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/8/12	\$96.55	Food

1/1/12	\$	
1/1/12	\$	

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/1/12	\$	

1/1/12	\$	
1/1/12	\$	

Comments: _____

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Leahdyer</u>

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym) <u>National Campaign to Stop Violence</u>	
ADDRESS (Business Address Acceptable) <u>910-17th St NW #200 Washington DC</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
DATE(S): <u>2/11/12</u>	AMT: \$ <u>35.54</u>
(If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated In a Panel	
<input type="checkbox"/> Other - Provide Description <u>CAB</u>	

NAME OF SOURCE (Not an Acronym) <u>Utah Corp</u>	
ADDRESS (Business Address Acceptable) <u>53rd St #200 SF CA</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>5/17/12</u>	AMT: \$ <u>19.20</u>
(If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated In a Panel	
<input checked="" type="checkbox"/> Other - Provide Description <u>Tour of Lumber Industry</u> <u>Dining</u>	

NAME OF SOURCE (Not an Acronym) <u>Southwest Airlines</u>	
ADDRESS (Business Address Acceptable) <u>POB 36647-102 Dallas Tx</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>2/11/12</u>	AMT: \$ <u>400</u>
(If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated In a Panel	
<input type="checkbox"/> Other - Provide Description <u>Airfare</u>	

NAME OF SOURCE (Not an Acronym) <u>Sierra Pacific</u>	
ADDRESS (Business Address Acceptable) <u>POB 496028 Redding</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>5/18/12</u>	AMT: \$ <u>356.00</u>
(If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated In a Panel	
<input checked="" type="checkbox"/> Other - Provide Description <u>Tour of Lumber Industry</u> <u>Airfare</u>	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>L. L. Hyde</u>

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym) <u>Klanette Alliance</u>	
ADDRESS (Business Address Acceptable) <u>POB 1234 York</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(SI): <u>5/18/12</u> (If gift)	AMT: \$ <u>129.98</u>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Tour of Lumber Industries</u> <u>Meals</u>	

▶ NAME OF SOURCE (Not an Acronym) <u>Korea Consulate Genl</u>	
ADDRESS (Business Address Acceptable) <u>11 Van Ness Ave #320</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(SI): <u>7/8/12</u> <u>7/15/12</u> (If gift)	AMT: \$ <u>5269</u>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Visit with government officials</u> <u>Flight, Hotel, Meals</u>	

▶ NAME OF SOURCE (Not an Acronym) <u>Klanette Alliance</u>	
ADDRESS (Business Address Acceptable) <u>POB 1234 York</u>	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(SI): <u>5/18/12</u> (If gift)	AMT: \$ <u>147.70</u>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Tour of Lumber Industries</u> <u>Hotel</u>	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(SI): <u> </u> (If gift)	AMT: \$ <u> </u>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 ☐ 11 ☐ 11

☐ \$10,001 - \$100,000 ACQUIRED DISPOSED

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INTEREST

☐ Ownership (Deed of Trust) ☐ Easement

☐ Leasehold ☐ Other

Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Comments:

Print Name _____

Office, Agency
or Court _____

Statement Type ☐ 2011/2012 Annual ☐ Assuming ☐ Leaving
 ☐ _____ Annual ☐ Cendidele
 year

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Filer's Signature _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

▶ NAME OF SOURCE
Jelly Belly Candy Company
 ADDRESS (Business Address Acceptable)
One Jelly Belly Lane, Fairfield, CA 94533
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candy Manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 25 / 12	\$ 50.00	Assorted Candy
	\$	
	\$	

▶ NAME OF SOURCE
California Cotton Ginners & Growers Association
 ADDRESS (Business Address Acceptable)
1785 N. Fine Avenue, Fresno, CA 93727
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 15 / 12	\$ 81.15	Dinner
	\$	
	\$	

▶ NAME OF SOURCE
Personal Care Products Council
 ADDRESS (Business Address Acceptable)
1101 17th St., NW, Suite 300, Washington, D.C. 20031
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 24 / 12	\$ 109.30	bag of beauty products
	\$	
	\$	

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	

Filer's Verification

Print Name _____
 Office, Agency or Court _____

Statement Type ☐ 2011/2012 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
 (month, day, year)

Filer's Signature _____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE Southwest Airlines	
ADDRESS (Business Address Acceptable) P.O. Box 36647-1CR	
CITY AND STATE Dallas, Texas	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Airline	<input type="checkbox"/> 501 (c)(3)
DATE(S): 2 / 11 / 12	AMT: \$ 400.00
(if gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description Airfare, for National Campaign to Stop Violence Panel	

▶ NAME OF SOURCE Hearst Corporation	
ADDRESS (Business Address Acceptable) 5 Third Street, #200	
CITY AND STATE San Francisco, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Building Management & Realty	<input type="checkbox"/> 501 (c)(3)
DATE(S): 5 / 17 / 12	AMT: \$ 19.20
(if gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description Tour of Woods & Dinner	

Tour of Lumber Industries & Dining

Comments: _____

▶ NAME OF SOURCE Klamath Alliance for Resources & Environment	
ADDRESS (Business Address Acceptable) P.O. Box 1234	
CITY AND STATE Yreka, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Management & utilization of forests	<input checked="" type="checkbox"/> 501 (c)(3)
DATE(S): 5 / 18 / 12	AMT: \$ 147.70
(if gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description Hotel & Tour of Lumber Industries	

Filer's Verification

Print Name _____
Office, Agency or Court _____
Statement Type <input type="checkbox"/> 2011/2012 Annual <input type="checkbox"/> Assuming <input type="checkbox"/> Leaving <input type="checkbox"/> _____ Annual <input type="checkbox"/> Candidate (yr)
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed _____ (month, day, year)
Filer's Signature _____